

P04000085860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

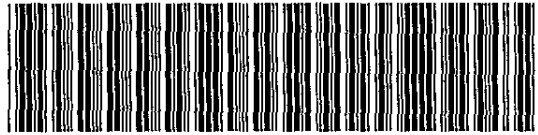
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

05 MAR -7 AM 9:54

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** UPH & Souffrant's Multi/Service Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000085860

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bernet Souffrant

(Name of Person)

UPH & Souffrant's Multi/Service Inc

(Name of Firm/Company)

12406 W Dixie Hwy

(Address)

Miami, FL 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

Bernet Souffrant

(Name of Person)

at ( 305 ) 891-1806

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Mismaille Souffrant, hereby resign as Vice-President  
(Title)

of UPH & Souffrant's Multi/Service Inc  
(Name of Corporation)

P04000085860, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Mismaille Souffrant  
(Signature of resigning officer/director)

**FILED**  
05 MAR -7 AM 9:54  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314